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**This is your Auto Coverage Review Form. Please review your auto policy for the following:**

- Coverage: Please review recommendations below. With today's medical costs, your liability coverage is very important. There is coverage available that is less than or in between those listed. Indicate changes by circling the chosen coverage. Changes made upon receipt. Please call us at **781-762-2715** with any questions.
- Drivers: All household members and regular drivers (including nannies) must be listed to have coverage. Please write down name and license number to add or remove a driver from your policy.
- Accuracy: Is your name, address, auto, plate and garaging info correct? Paid off a loan?
- Electronic Funds Transfer: Take advantage of "EFT" to save time and at least \$30 per year in installment charges.
- Umbrella: If you do not have one already, you should consider an umbrella endorsement or policy to further protect your financial and property assets, particularly if you are a homeowner.

Part	Coverage, Options in Dollar Amounts ( <b>recommendations in bold</b> )
3.	<b>Bodily Injury Caused by an Uninsured Auto (per person / per accident)</b> No Change 100,000/300,000 250,000/500,000 <b>500,000/500,000</b>
4.	<b>Damage to Someone Else's Property</b> No Change <b>250,000</b>
5.	<b>Optional Bodily Injury to Others (per person / per accident)</b> (*Minimum required for umbrella.) No Change 100,000/300,000 *250,000/500,000 <b>500,000/500,000</b>
6.	<b>Medical Payments</b> No Change 5,000 10,000 15,000 20,000 <b>25,000</b>
7.	<b>Collision</b> No Change Remove <b>Yes, I want Collision and a deductible of</b> 300 500 1,000
9.	<b>Comprehensive</b> No Change Remove <b>Yes, I want Comprehensive and a deductible of</b> 300 500 1,000 2,000
10.	<b>Rental (per day / maximum)</b> (Please note: For an SUV/van/truck, you need at least 45/1,350.) No Change Remove <b>Yes, I want Rental coverage of</b> 30/900 45/1,350 <b>100/3,000</b>
11.	<b>Towing and Labor (per incident)</b> (Please note: This coverage is less premium than AAA.) No Change Remove <b>Yes, I want Towing and Labor coverage of</b> 50 <b>100</b>
12.	<b>Bodily Injury Caused by an Underinsured Auto (per person / per accident)</b> No Change 100,000/300,000 250,000/500,000 <b>500,000/500,000</b>

**Please check selection, sign and date below and return to PO Box 576, Norwood MA 02062 or fax to 781-762-2747.**
 I understand the recommendations above and request the changes/coverages circled above.

 I understand the recommendations above and choose to maintain my current coverage.

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 (Named Insured[s] Signature[s]) (Date) (Preferred Phone #) (Email Address[es])

We now offer life, disability and long term care insurance. All major carriers to best fit your needs. Call Steve to discuss.